MAXIMUS Federal Services

Case Number:	CM14-0057008		
Date Assigned:	07/09/2014	Date of Injury:	06/16/2004
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 58-year-old female was reportedly injured on June 16, 2004. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of right arm pain. Current medications include Oxycodone/Acetaminophen. Pain without medications is stated to be 10/10 and with medications is 6/10 on the visual analog pain scale. The physical examination demonstrated tenderness over the right arm. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a stellate ganglion block, acupuncture, physical therapy, home exercise, and biofeedback psychotherapy. A request had been made for Butrans Patches, Lyrica, Oxycodone/Acetaminophen, and Tegaderm dressings and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Butrans 20mcg/hr 1 patch weekly as needed for pain 30 dispense 4 refills times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 26, 27 OF 127.

Decision rationale: The California MTUS guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.

Lidocaine 5% (700mg/patch) apply 2 patch QD 30 dispense #60 2 refills 12 hours on and 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Over MTUS (Effective July 18, 2009) Page(s): 56-57, 112 OF 127.

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the progress note dated March 27, 2014, the injured employee is currently prescribed Lyrica. Therefore it is unclear why there is also request for the usage of topical lidocaine. Considering this, the request for lidocaine 5% patches is not medically necessary.

Lyrica 100 mg capsule 1 BID 30 Dispense 150 refills times 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 19, 99 OF 127.

Decision rationale: According to the progress note dated March 27, 2014, the injured employee has neuropathic pain of the right upper extremity. Considering this, and the injured employee's inability to take other medications, this request for Lyrica is medically necessary.

Tegaderm transparent dressing 2 3/8 times 2 3/4 30 dispense 1 refills times 2 use to cover Butrans patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=11988.

Decision rationale: As the accompanying request for Butrans patches has been determined not to be medically necessary, so is this request for Tegaderm dressings.